Ridership Report for the Month of _____

Van # HOV _____

Group ID #_____

King County METRO

Check appropriate box for each group member listed

Use Ball Point Pen – Press Hard

	Primary Driver	Bookkeeper	Back-up Driver	Rider	Part-time Rider	List full-time riders first, then part-time riders Last Name, First Name	Employer	Rode last month	New or Leaving Riders		Monthly Fare (fixed rate divided by # of full-time riders)	Metro Pass/ Employer Subsidy/ Coupon	Net Fare
									Date Started	Riders Terminated			
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
						Subtotal							
						Adjustment							
						Total							

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